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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  CHILD PROTECTION TEAM  **(CPT) Case Presentation Summary** | | | | | | | | | | | | | | | | | | | | |
| PRESENTER | | | | | | | | SUPERVISOR SIGNATURE | | | | | | | | | | DATE SIGNED | | |
| DATE OF CPT STAFFING | | CASE NAME | | | | | | | | | | | | | NUMBER OF CHILDREN STAFFED | | | | | |
| CHILD PROTECTION TEAM | | | | | | | | | | | | CASE NUMBER | | | | | | | | |
| PARENT(S) / CAREGIVER(S) (and any other adult living in the home) | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | **DATE OF BIRTH** | | | NOTIFIED | | | | | RELATIONSHIP TO CHILD/ROLE IN CPT | | | | | | | | ADULT IN HOME |
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| **CHILDREN (Include all children, other relatives, whether blood relation)** | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | **DATE OF BIRTH** | | | **NOTIFIED**  **(If applicable)** | | | | | **LIVING ARRANGEMENTS** | | | | | **LEGAL STATUS** | | | |
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| OTHERS INVOLVED WITH FAMILY (All others contributing to or detracting from family functioning) | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | **DATE OF BIRTH** | | | **NOTIFIED** | | | | | **RELATIONSHIP TO CHILD/ROLE IN CPT** | | | | | | | | |
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| ADDITIONAL PEOPLE INVOLVED WITH FAMILY (All others not identified above) | | | | | | | | | | | | | | | | | | | | |
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| BRIEF CASE HISTORY AND CURRENT SITUATION | | | | | | | | | | | | | | | | | | | | |
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| IDENTIFIED SAFETY THREAT(S) AND ASSESSED LEVEL OF RISK | | | | | | | | | | | | | | | | | | | | |
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| RISK FACTORS (PAST AND/OR PRESENT) | | | | | | | | | | | | | | | | | | | | |
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| PROTECTIVE FACTORS (PAST AND/OR PRESENT) | | | | | | | | | | | | | | | | | | | | |
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| CPT STAFFING PER CA POLICY 97-02  **Please check one or more of the appropriate boxes below** | | | | | | | | | | | | | | | | | | | | |
|  | 1. A case with serious professional disagreement, including disagreement by the foster parent(s), regarding risk of death, serious injury, out-of-home placement of a child, or the child’s return home as a result of a decision to leave a child in the home or to return the child to the home. | | | | | | | | | | | | | | | | | | | |
|  | 1. A case in which the risk assessment, following initial investigation, results in a moderately high or high risk classification (4-5) and the child victim is age six (6) or younger. | | | | | | | | | | | | | | | | | | | |
|  | 1. A case being staffed prior to the return home or dismissal of Dependency, when the child is age six (6) or younger, and any risk assessment has resulted in a risk level of moderately high or high risk (4-5). | | | | | | | | | | | | | | | | | | | |
|  | 1. A case that is open solely on the basis of risk of “imminent harm” following the initial investigation where there are no allegations of abuse or neglect | | | | | | | | | | | | | | | | | | | |
|  | 1. A case that is open solely on the basis of risk of “imminent harm” following the initial investigation where there are no allegations of abuse or neglect | | | | | | | | | | | | | | | | | | | |
|  | **Non-Mandatory:** Reason: | | | | | | | | | | | | | | | | | | | |
| PRIOR CPT STAFFING  Yes No | | | | | IF YES, DATE | | | | | | **PLEASE ATTACH RECOMMENDATIONS.** | | | | | | | | | |
| **LIST ALL CURRENT SERVICE PROVIDERS**  **(Include GAL and/or CASA)** | | | | | | | | | | | | | | | | | | | | |
| NAME | | | AGENCY  (IF APPLICABLE) | | | | | | TITLE OR RELATIONSHIP | | | | INVITED TO  CPT?  YES NO | | | REPORT REQUESTED?  YES NO | | | REPORT ATTACHED?  YES NO | |
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| **LIST ALL SERVICES PROVIDED TO FAMILY** | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SERVICE/REPORT/EVALUATION | | | SERVICE DATES  REFERRED COMPLETED | | | | | | | OUTCOMES/RECOMMENDATIONS/  DIAGNOSTICS | | | | COMPLIANCE  YES/NO/PARTIAL | | | | | | |
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| **DETAILED CASE PLAN** | | | | | | | | | | | | | | | | | | | | |
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| QUESTION (S) FOR THE CPT | | | | | | | | | | | | | | | | | | | | |
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